

**2008 Clean Watersheds Needs Survey
Community Wastewater/Stormwater Information**

COMMUNITY AND CONTACT INFORMATION			
Community Name:			
Primary Wastewater/Stormwater Contact:			
Title:			
Street/P.O. Box:			
City/Town:	State:	Zip Code:	
Telephone: ()	Fax: ()	E-Mail:	

ENGINEER OR CONSULTING FIRM	
If your community uses a consultant for wastewater planning and/or design, please provide the following:	
Company:	
Contact Person:	Telephone:

PLEASE CHECK THE BOX THAT BEST DESCRIBES THE WASTEWATER SYSTEM OF YOUR COMMUNITY	
Septic Systems Only	<input type="checkbox"/>
Wastewater Collection System Only	<input type="checkbox"/>
Wastewater Collection System and Septic Systems	<input type="checkbox"/>
Wastewater Collection System and Wastewater Treatment Plant	<input type="checkbox"/>
Wastewater Collection System, Septic Systems and Wastewater Treatment Plant	<input type="checkbox"/>
Other (Please Describe)	<input type="checkbox"/>

PLEASE CHECK THE BOX THAT BEST DESCRIBES THE STORMWATER SYSTEM OF YOUR COMMUNITY	
Combined Sewer System	<input type="checkbox"/>
Partial Combined Sewer and Partial Separate Storm Sewer System	<input type="checkbox"/>
Municipal Separate Storm Sewer System (MS4)	<input type="checkbox"/>
Other (Please Describe)	<input type="checkbox"/>

HAS YOUR COMMUNITY CONDUCTED ANY OF THE FOLLOWING STUDIES?			
Wastewater Capital Improvement Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE:
Comprehensive Wastewater Management Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE:
Inflow/Infiltration Study/Sewer System Evaluation Survey	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE:
Wastewater Facilities Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE:
Stormwater Management Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE:
Septic System Inventory	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE:
CSO Long Term Control Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE:
NRCS Conservation and/or Farm Plans	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE:
Other Wastewater Studies (Fill in Below if Applicable)			
			DATE:
			DATE:
			DATE: